

Clinical-Medical Image

## Urgent Transurethral Resection of a Massive Bladder Clot in a Hemodynamically Unstable Patient

Abdelmounim Boughaleb<sup>1,2\*</sup>, Reda Tariqi<sup>1,2</sup>, Ilyas Soufiani<sup>1,2</sup>, Imad Boualaoui<sup>1,2</sup>, Ahmed Ibrahimi<sup>1,2</sup>, Hachem EL Sayegh<sup>1,2</sup>, Yassine Nouini<sup>1,2</sup>

<sup>1</sup>Department of Urology, Ibn Sina University, Hospital of Rabat, Morocco

<sup>2</sup>Faculty of Medicine and Pharmacy, Mohammed V University, Rabat, Morocco



Figure 1: Resected fragments of the massive bladder clot.

### Clinical-Medical Image

#### Case Presentation

A 58-year-old male with a past medical history of chronic smoking (35 pack-years) presented to the emergency department with worsening hematuria that had been present for several months. He also reported progressive weakness over the past week. Upon arrival, he was found to be hypotensive and tachycardic with a blood pressure of 90/60 mmHg and a heart rate of 120 beats per minute. His hemoglobin was critically low at 2 g/dL. Physical examination revealed a soft, non-distended abdomen with a palpable suprapubic mass. A bedside ultrasound demonstrated a large, echogenic mass filling the entire bladder.

Despite urinary catheterization by a double-current catheter to attempt bladder irrigation and clot evacuation, the hematuria persisted, and the patient's condition deteriorated rapidly. He suffered a cardiac arrest, requiring immediate Cardiopulmonary Resuscitation (CPR) for approximately 13 minutes. Resuscitation efforts were successful, and the patient regained a pulse.

#### Intervention

With the patient stabilized, he was urgently transferred to the operating room for cystoscopy. Cystoscopy revealed a massive bladder clot occupying the entire bladder cavity. The clot was carefully resected using bipolar transurethral resection. Upon further cystoscopic examination, a 2 cm tumor was identified on the right lateral wall of the bladder. The tumor was completely resected during the same procedure.

The total intervention time, including cystoscopy, clot resection, and tumor resection, was four hours and fifteen minutes. The weight of the resected clot was a staggering 320 grams.

**Received:** 29 March 2024, Manuscript No. ijcmi-24-136422; **Editor assigned:** 01 April 2024, Pre QC No. P-136422; **Reviewed:** 15 April 2024, QC No. Q-136422; **Revised:** 20 April 2024, Manuscript No. R-136422; **Published:** 29 April 2024, DOI:10.4172/2376-0249.1000951

**\*Corresponding author:** Abdelmounim Boughaleb, Department of Urology, Ibn Sina University, Hospital of Rabat, Morocco; E-mail: abdelmounim.boughaleb@gmail.com

**Citation:** Boughaleb A, Tariqi B, Soufiani I, Boualaoui I and Ibrahimi A, et al. (2024) Urgent Transurethral Resection of a Massive Bladder Clot in a Hemodynamically Unstable Patient. *Int J Clin Med Imaging* 11: 951.

**Copyright:** © 2024 Boughaleb A, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

## Post-operative Course

The patient's hemoglobin was transfused with packed red blood cells, and his hemodynamic status stabilized. He was admitted to the Intensive Care Unit (ICU) for further monitoring and management. Despite aggressive medical interventions, the patient's condition continued to deteriorate, and he succumbed to his illness six days after the cystoscopic procedures.

## Discussion

This case report presents the complex management of a patient with a life-threatening combination of a bladder tumor responsible of hematuria and a massive bladder clot, hemodynamic instability, and prolonged cardiac arrest. Despite the successful initial resuscitation and clot evacuation, the patient's condition unfortunately deteriorated due to multi-organ failure, likely a consequence of the prolonged cardiac arrest.

This tragic case underscores the critical importance of never neglecting hematuria, even if it appears benign. Prompt diagnosis and treatment can significantly improve outcomes, even in those with underlying health conditions.<sup>1</sup> Unfortunately, in this instance, the severity of the initial presentation and the subsequent cardiac arrest ultimately led to a fatal outcome [1].

**Keywords:** Hematuria; Transurethral resection; Bladder tumor; Hemodynamic instability

## Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

## Conflict of Interest

The authors declare no conflict or competing interests.

## References

1. Avellino GJ, Bose S and Wang DS. (2016). Diagnosis and management of hematuria. *Surg Clin* 96(3): 503-515.